



International Student Affairs (ISA)

Division of Student Affairs

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F-1 Curricular Practical Training (CPT) Academic Advisor Approval Form

Please have your academic advisor complete this form to confirm your eligibility for Curricular Practical Training (CPT). Please upload it when you submit your e-form request for CPT to International Student Affairs at <https://internationalforms.hofstra.edu/>. For undergraduate students, this form needs to be completed by your faculty advisor.

Part I (To be completed by the student)

I am requesting Curricular Practical Training (CPT) and I confirm that I have received an offer of employment related to my field of study. I understand that I cannot begin working until I receive my new I-20 with CPT authorization.

Name: _____ Hofstra ID: _____
Surname/Family Name Given Name

Part II (To be completed by the student’s academic advisor. For undergraduate students, the form needs to be completed by the faculty advisor.)

U.S. immigration regulations require that Curricular Practical Training (CPT) be used by students for practical experience/internship (paid or unpaid) that is a required or integral part of the curriculum. Please indicate the student’s eligibility by **checking one of the two options** below, sign the form, and return the completed form to the student.

The proposed practical experience/internship is based on:

An internship course for credit

Please list the course number and the number of credits for the course. Please note: the student must be registered for the course at all times during the period of authorized CPT.

Course Number: _____ Number of Credits _____ Semester _____

Student’s doctoral dissertation research

Please attach a letter written on Hofstra letterhead and signed, detailing how the proposed practical experience is essential for the development of the student’s dissertation. Please obtain a signature from the Dean or Department Chair as confirmation that this activity is sanctioned by your school and that the student will continue to be enrolled during the requested period.

Academic Advisor’s Name

Academic Advisor’s Signature

Date

Phone Number